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side of a wagon. His hereditary antecedents and personal habits were irreproachable, and the disease was clearly traceable to the traumatism. The injury was received February 28, 1887, and death occurred from exhaustion, September 16, 1887, giving a period much under the usual duration. Dr. Arnaud's article is an account of the autopsy, which fully confirmed the diagnosis.

The second case was that of a mechanic who was struck by a ball of globular lightning during a severe thunderstorm. In this case, as in so many where the disease is dated from a fixed time, the traumatism appears to have been merely the shock necessary to light up into activity the disease which had existed in a dormant state for some months.

The third case is the most interesting of all; the patient received a blow on the left forearm, injuring the ulnar nerve, and followed by muscular atrophy. Mental troubles came on after the accident, and a well marked case of general paralysis developed. Here the general paralysis was directly due to the traumatism, and the case is of great interest from the exactness with which it was possible to show the origin of the disease.

W. N.

Ueber das melancholische Anfangsstadium der Geistesstörungen. LUDWIG SCHIRMAYER. Inaug. Dis., Strassburg, 1886.

The author tabulates statistics of 290 cases (melancholia 98, mania 69, paranoia (*Verrücktheit*) 88, feeble-mindedness (*Schwachsinn*) 20, distraction (*Verwirrtheit*) 15) in order to determine the frequency of a beginning in melancholia. Counting in the melancholiacs, less than one-half of all showed a depressed first stage; throwing out the melancholiacs (except some cases not fully observed), the proportion is only about one-fourth. Taken separately the proportions were, mania about one-third (or excluding certain cases for cause, about one-fourth), paranoia a little more than one-seventh, feeble-mindedness one-fourth, distraction over one-third. The melancholiac terminal stage, defended by some, was found in but few cases. Insanities are often preceded by conditions of ill-feeling, but this is by no means the melancholia of the alienist. The author's figures bring him into agreement with Witkowski, and into opposition with Arndt. The statistics are preceded by an extended summary of previous opinions.

Ueber Bewusstseinsstörungen und deren Beziehungen zur Verrücktheit und Dementia. Dr. J. ORSCHANSKY. Archiv f. Psychiatrie, Bd. XX, H. 2.

The author points out in a group of psychic conditions, variously named by various authors (*Verwirrtheit*, Wille; *la démence*, Esquirol; *acuter hallucinatorischer Wahnsinn*, Meynert; *acute primäre Verrücktheit*, Westphal; *acuter sensueller Wahnsinn*, Schüle; dreamy-condition of different authors) a common element, to wit, a deep obscuration of consciousness, or an "ataxy in the psycho-physic sphere." In a typical case the patient is cloudy in his conception of himself; the bounds of his *ego* and the non-*ego* are obscured; his notions of time and space are uncertain; memory images and acquired associations are weakened or lost; if at times he is able to recognize his surroundings, he is not able to connect the impression of them with similar impressions before received. As a consequence,